



ORDER FORM

email: orders@evotissue.com

office: 1-888-668-7698

	PRODUCT	SIZE (cm ²)	QTY	WOUND LOCATION	TREATMENT WEEK#
<input type="checkbox"/>	Dermabind-TL (Q4225)	2 x 2			
<input type="checkbox"/>	Dermabind-TL (Q4225)	2 x 3			
<input type="checkbox"/>	Dermabind-TL (Q4225)	4 x 4			
<input type="checkbox"/>	Dermabind-TL (Q4225)	6.5 x 6.5			
<input type="checkbox"/>	Dermabind-FM (Q4313)	2 x 2			
<input type="checkbox"/>	Dermabind-FM (Q4313)	2 x 3			
<input type="checkbox"/>	Dermabind-FM (Q4313)	4 x 4			
<input type="checkbox"/>	Dermabind-FM (Q4313)	6.5 x 6.5			

Order Date:	
Order Number:	
PO:	
Patient ID:	

PROVIDER'S BILLING INFORMATION

Provider Name:			
Physician Name		Physician NPI#	
Billing Address			
City/State/Zip			
Contact Person:			
Contact Email:		Contact Phone:	

Sales Rep Name		Sales Rep Email	
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SHIPPING INFORMATION



CHECK IF SAME AS BILLING

Clinic Name		Contact Person	
Shipping Address			
City/State/Zip			
Email		Phone	
Treatment Date		Overnight Shipping Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No

ORDERING INFORMATION & INSTRUCTIONS

- Email this completed form for each patient to: orders@evotissue.com
- Orders received prior to 12pm CST may be eligible for same day shipping
- Orders will be shipped via 2-day transportation (included), unless expedited shipping is requested (additional fees may apply)
- Available products will be confirmed by email and will ship within 1 business day
- This recommendation is based on clinical need. Equivalent alternatives may be used as clinically appropriate, depending on product availability. **Any alternative must be confirmed by the Provider.**